

| SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY  |
|---|--|
| <ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>Dave Shaver</li> <li>P.O. Box 910</li> </ul> | A. Signature  X. May    Addressee   B. Received by (Printed Name)   C. Date of Delivery   Address different from item 1?   Yes   If YES, enter delivery address below:   No   Incoming   C0070019   # 36/2 |
| East Carbon, UT 84520-0910  | 3. Service Type  Certified Mail Registered Insured Mail C.O.D.  Restricted Delivery? (Extra Fee)  Yes  |
| 2. Article Number 7 0 5 0 3 (Transfer from service label)   | 90 0000 7507 4719  |
|   |  |

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1549